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Rep. Vaneta Becker
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Rep. David Frizzell
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Sen. Katie Wolf



INTERIM STUDY COMMITTEE ON HEALTH AND SOCIAL SERVICE ISSUES

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MEETING MINUTES¹

Meeting Date: August 26, 1999
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington
St., Room 156-C
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Rep. Charlie Brown, Chairperson; Rep. Susan Crosby; Rep. Vern Tincher; Rep. Vaneta Becker; Rep. Gary Dillon; Rep. David Frizzell; Sen. Patricia Miller, Vice-Chairperson; Sen. Steve Johnson; Sen. Connie Lawson; Sen. Allie Craycraft; Sen. Vi Simpson.

Members Absent: Sen. Katie Wolf.

The meeting was called to order at 1:15 p.m. The Chairman reviewed the topics that the Health and Social Services Issues Committee was assigned for the 1999 interim. After introductions by the members of the Committee, the Chairman received testimony on the topic of licensure of respiratory care professionals.

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Mark Scherer, Beebe, Scherer & Associates

Mr. Scherer stated that he was speaking on behalf of the Indiana Society of Respiratory Care. A handout entitled "Scope of Practice for Respiratory Care Tasks" was distributed to Committee members.² Mr. Scherer made the following points:

- The practice of respiratory therapy branched off from nursing as a new profession in the 1950's. Respiratory care professionals (RCPs) have had a certification law in Indiana since 1989.
- Respiratory care procedures involve the following:
 - Assessing patients and initiating care for patients of all ages with cardiopulmonary disease.
 - Administering certain medications, including inhaled medications.
 - Performing chest percussion and mechanical ventilation.
 - Obtaining and analyzing blood gases.
- The proposed licensure legislation (HB 1820-99) would do the following:
 - Grandfather certified respiratory care professionals.
 - Not affect other licensed health care professionals or home health care equipment providers.
 - Recognize practice in physician's offices and cross-training of other health professionals.
 - Create a student permit to allow students to practice within guidelines.
- Thirty-eight states, plus the District of Columbia and Puerto Rico license RCPs.

Cheri Bate, BS RRT, Clarion Health, Indianapolis

Ms. Bate testified concerning the type of work RCPs do and employment settings respiratory care professionals work in. Her testimony included the following information:

- RCPs specialize in heart and lung disorders including asthma, bronchitis, emphysema, cystic fibrosis, premature infants, and AIDS patients.
- Respiratory care practice includes assessing the status of the cardiopulmonary system, delivering medical gases and aerosolized medications, mechanical ventilation, blood gas samples, and smoking cessation classes.
- RCPs are employed in many different settings, including hospitals, nursing homes, medical equipment supply and home care. About two-thirds of all RCPs are employed by hospitals.

While answering Committee questions Ms. Bate stated that a typical RCP gets paid about \$9-15 per hour. She did not believe that respiratory care costs would rise if RCPs were licensed.

Michael Niemeier, M.D., Respiratory & Critical Care Consultants P.C.; Medical Director, Respiratory Care, Methodist Hospital, Indianapolis

Dr. Neimeier stated that he works on various medical teams that include RCPs and oversee the care for 100-125 patients. He supports legislation to provide minimum standards for individuals who practice respiratory care therapy.

² See footnote #1.

Thomas Hayhurst, M.D., City Councilman, Fort Wayne

Dr. Hayhurst stated that RCPs provide a critical service that is specialized. A team of RCPs in a hospital in Fort Wayne reviewed the various hospital protocols concerning respiratory therapy. As a result of the changes suggested by the team, costs were lowered and the quality of care increased. He believes that licensure of RCPs will increase quality in long term care facilities and reduce costs at the same time.

James Pike, M.D., Respiratory & Critical Care Consultants P.C., Indianapolis

Dr. Pike testified that began training in respiratory care 26 years ago in a high school program. It is important for RCPs to provide accurate information to the physician. The physician relies on the RCP's clinical judgment. There is currently a shortage of critical care nurses in the Indianapolis area, but he would not lower the standards to get more nurses because of the vital function they perform. He believes that RCPs perform an equally vital function.

Sheila Klinker, State Representative - District 27, Lafayette

Representative Klinker authored legislation (HB 1820-99) during the 1999 legislative session that would have licensed RCPs. Her husband has received services from a RCP several times. Percussion therapy is very important to a heart patient. Most nurses are not comfortable doing the procedures required for effective respiratory care therapy. RCPs need to be licensed.

James Cooper, Patient, Indianapolis

Mr. Cooper stated that he suffers from a form of emphysema. The disease was debilitating to him - he could not even walk across a room. For the past 1 ½ years he has received respiratory therapy and has regained much mobility. He believes that his medical expenses would have been much less if respiratory therapy had been started sooner.

Jack Hines, Patient, Indianapolis

Mr. Hines stated that he received a lung transplant about a year ago. He had suffered from emphysema. While he was waiting on the transplant list it was respiratory therapy that kept him alive. Mr. Hines also expressed concern for his kindergarten age grandson who suffers from asthma. The grandson occasionally needs treatments but the local hospital does not have anyone qualified to administer the treatments.

Linda Van Scoder, EdD RRT, School of Allied Health Sciences, IU School of Medicine

Ms. Van Scoder outlined the programs and requirements in Indiana to become a RCP. There are currently eight higher education institutions in Indiana that have active RCP programs. She distributed a copy of a typical RCP curriculum from Vincennes University.³

³ See footnote #1.

RCP programs are much more extensive than EMT course requirements. She stated the basic EMT requirements include: (1) minimum age of 18 years; (2) hold a CPR certification; and (3) 136 hours of training which is equal to six hours of college credit.

Kathy Vernon, Apria Health care, Lafayette

Ms. Vernon stated that she surveyed 66 hospitals in Indiana to see who is currently performing respiratory care in Indiana. The results of her survey are as follows:

- 74% use RCPs or licensed health care practitioners exclusively.
- 20% use RCPs and respiratory care students.
- 6% use RCPs and other nonlicensed individuals (e.g. EMTs).

Dave Burnworth, RRT, Lincare Home Health, Bloomington

Mr. Burnworth made the following points during his presentation:

- The current law provides RCPs with title protection - a licensure law would establish minimum competency guidelines assuring that all patients receive competent care.
- There is documentation to demonstrate positive outcomes when RCPs are utilized. He has personally seen patients severely harmed by uncertified personnel.
- Manpower shortages will not be impacted if RCPs are licensed. Rural communities need to become more innovative in their recruitment efforts.
- RCPs presently demonstrate competency by passing a formal secondary education curriculum and passing a national exam.

Jack W. Higgins, M.D., Indiana State Medical Association

Dr. Higgins distributed two publications to the Committee members: "Respiratory Care Services in Medicaid"⁴ and "The Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates"⁵. Dr. Higgins stated the following during his presentation:

- Licensure is not necessary to accomplish the quality goals RCPs indicate they want. Licensure is a first step toward increasing the scope of practice or establishing a solo practice.
- Licensure will increase cost without improving quality.
- Rural areas and small medical practices would not be able to hire or afford licensed RCPs to provide basic testing or treatments. This would increase the number of patients who would be required to go to hospital emergency rooms.

William Mohr, M.D., Medical Director, Asthma Clinics for American Health Network; Indiana State Medical Association, Kokomo

Dr. Mohr stated that he formerly operated a rural family practice but now is the director of

⁴ See footnote #1.

⁵ See footnote #1.

25 asthma clinics in Indiana and Ohio. Dr. Mohr stated that certification of RCPs is appropriate for the role in health care they perform (i.e. patient education, diagnosis, and treatment). The current law does not limit RCPs from expanding into appropriate services with new knowledge or technology. Licensure draws a line concerning who can perform certain tasks - currently nurses can perform some tasks under their training that RCPs can do. Dr. Mohr stated other potential negatives of licensure included the following:

- Adds another hurdle for qualified RCPs moving from another state to practice in Indiana.
- Insurance companies may begin limiting reimbursement for certain procedures only when they are preformed by a physician or licensed RCP.
- Asthma deaths could rise more rapidly.
- The team approach to respiratory care has worked well but licensure could lead to independent practices being established.

Tim Kennedy, Indiana Health & Hospital Association

Mr. Kennedy stated that the system of delivering respiratory therapy to patients is working well and does not need to be changed. He presented the following points to the Committee:

- The health field is changing and during this change some health care professions want to secure a place in the future health system.
- Rules are in place (e.g. 410 IAC 15-1.6-7) to assure that hospitals that provide respiratory care services provide them in accordance with acceptable standards.
- Not all respiratory care tasks are complicated or need extensive training - should continue to allow appropriately trained individuals to perform those tasks.

Donna Gannaway, Putnam County Hospital

Ms. Gannaway stated that her small hospital is similar to over a hundred hospitals in the state with less than 100 licensed beds. Currently she uses a mix of certified and noncertified RCPs because she cannot find enough certified RCPs to hire. Rural hospitals have a hard time attracting qualified RCPs. Her hospital does not provide intensive respiratory care - those patients are transferred to other hospitals for treatment. Ms. Gannaway stated that a program was started to train EMTs to conduct respiratory care therapy. The EMTs must gain additional training, meet certain competency standards, and work with a physician or certified RCP. Putnam County hospital passed its 1996 Joint Accreditation Survey with this program in place.

Rex McKinney, RRT, St. Vincent Hospital, Indianapolis

Mr. McKinney stated that he supports licensure of RCPs if it is flexible enough. St. Vincent is a leader in cross training individuals to perform various needed tasks. As the respiratory care profession evolves cross trained individuals are performing more of the routine tasks.

Barbara Reardon, RRT, St. Vincent Hospital, Indianapolis

Ms. Reardon stated that she has practiced as a RCP for 18 years. She would like to see flexible licensure. Some respiratory care functions are no more complicated than taking a temperature. There is not an excess of RCPs in the country, thus she would like to see a system that allows RCPs to work on more complex tasks.

During Committee discussion Senator Miller asked that Tim Kennedy and Mark Scherer each provide the Committee with a list of respiratory care tasks and indicate the points on the list where clinical decisions are needed.

Representative Brown adjourned the meeting at 3:35 p.m.